ENTRY BLAN	IK		
PLEASE TYPE O	OR PRINT	Entere	d previous May Show
Ms.  Mr. Artist	NAUCH	FLUE	SILUER (Last Name Last)
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	Tel. (2)6)		
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Temporary Address			
	reet		City
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	a County 🖾 Yo		
Collaborator	(If Any)		
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THE RETURNED YOUR ENTRIES		R ONLY RE	CEIPT TO CLAIM

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 15, 1975.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Thrus The bull ther

ENTRY BLAN	IKS						
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1975 MAY SHOW
The Cleveland Museum of Art

Please keen address within this box for window envelope.

Name	
Address	
City & State	BEDFORD 475.0400 Zip 44146

## Dates for Pick-up of Objects

Museum Service Entrance
9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects

April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed

## PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

## ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

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